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245 PROVINCIAL-METRO TORONTO TASK FORCE
ON THE ELDERLY PERSONS CENTRES ACT

FINAL REPORT

RECOMMENDATIONS ON LEGISLATION AND FUNDING

June, 1979

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The Provincial-Metro Toronto Task Force on the Elderly Persons Centres Act was originally a joint undertaking of the Province of Ontario and the Municipality of Metropolitan Toronto. The Task Force was created by senior officials in each government as a response to concerns raised by the Municipality's Department of Social Services in its Background Report on Elderly Persons Centres in Metropolitan Toronto (October, 1977). The mandate of the Task Force was to provide recommendations to the respective governments on legislative, funding, policy and program issues relating to elderly persons centres and other programs. Meetings were begun in February, 1978, culminating in the preparation of a First Report (June 26, 1978).

The First Report was submitted to elected and appointed officials in both governments and consultation on the recommendations in the report was sought from voluntary agencies and associations and other interested parties. Over thirty briefs were received containing constructive comments and criticisms regarding the report. (Copies of a summary of the briefs are available upon request.)

The Task Force reconvened in December, 1978, and it was decided to add three new members representing the three major voluntary funders in the Metropolitan Toronto area (Council of Catholic Charities, Toronto Jewish Congress and the United Community Fund of Metropolitan Toronto). It was hoped that these additional members would broaden the representativeness of the Task Force and provide a better liaison with the voluntary community. In addition, the Task Force sponsored a full day's discussions on the issues raised in the First Report at Castlview Wychwood Home for the Aged in Toronto on February 22, 1979. Continued consultation with individual agency representatives was also sought during the preparation of this Final Report.

The present report is the conclusion of the proceedings of the Task Force. The recommendations which follow will have impact on the Elderly Persons Centres Act. The Task Force has

also made recommendations with regard to the Homemakers and Nurses Services Act, which will have implications for other individuals in addition to the elderly. We feel that these recommendations provide legislative and policy changes which will significantly improve the services to the elderly, the handicapped and other individuals served under the various pieces of legislation discussed in this report.

Respectfully submitted on behalf of the Provincial-Metro Toronto Task Force on the Elderly Persons Centres Act.



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I. Summary and Recommendations

A. Background

Elderly persons centres are nonprofit or municipally operated organizations regulated under the Elderly Persons Centres Act. The centres provide a wide variety of social, recreational, health, nutritional, educational and other services to senior citizens. Some organizations funded under the Act also provide services which may not necessarily be offered in a physical facility or centre. The centres receive annual grants from the provincial and municipal levels of government and private voluntary funders. Other financial support is also received from other private sources and individual senior citizens through membership dues, donations and fees for services rendered.

Visiting homemakers and nurses services are provided to senior citizens, the handicapped and other individuals under the Visiting Homemakers and Nurses Services Act after assessment of individual need. Clients of these services contribute to the cost of service according to their ability to pay as determined by a means test. Net operating costs for services rendered after client contributions are shared by the provincial and municipal levels of government under purchase of service contracts. Private voluntary funders also contribute to the general operating costs of the service providers and provide funds for services for clients who are unable to pay under the means test.

Day care services for the elderly are provided by a number of different facilities and organizations under a variety of funding arrangements. Day care is a sophisticated, higher level of care for less able senior citizens. Services provided may include nutrition, activation, rehabilitation, recreation, counselling and assistance with other personal needs such as bathing, hairdressing and podiatry. The staffing and other costs of day care are considerably higher than those for facilities offering programs and services to a general cross section of the elderly population.

B. Issues and Problems

The basic issue under consideration is the need for more appropriate legislation, funding mechanisms and standards for the different types of services as described above for the elderly and other individuals. The specific concerns are the following:

1. Lack of appropriate legislation with proper funding for certain home support services for the elderly.
2. The negative effect of a unilateral ceiling on the provincial contribution to the operating budgets of approved elderly persons centres.
3. The lack of a legislative framework and standards for day care services for the elderly.

C. Recommendations

The Task Force is recommending a number of changes in the regulations in two pieces of legislation, The Elderly Persons Centres Act and the Homemakers and Nurses Services Act. In addition, a number of policy recommendations are made relating to services under these Acts.

The basic concepts behind the recommendations are the following:

1. Retain the present array of "facility-based" services and certain existing special services under the Elderly Persons Centres Act.
2. Transfer services of a "home support" nature from the Elderly Persons Centres Act to an expanded Homemakers and Nurses Services Act and make these services available to both the elderly and the non-elderly population.
3. Retain day care services for the elderly under various funding arrangements while further study is directed to the most desirable legislative framework for this service.

4. Amend certain regulations and develop policies under both the Elderly Persons Centres Act and the Homemakers and Nurses Services Act to improve the funding mechanisms and other aspects of service provision.

The Task Force's recommendations are presented below without elaboration. Further detail may be found in the text of this report. Recommendations preceded by an asterisk (*) are considered a high priority for immediate implementation following additional consultation outside Metropolitan Toronto.

1. The Elderly Persons Centres Act

- * 1.1 The Elderly Persons Centres Act should continue to provide funding for facility-based services for the elderly. The approved facilities under the Act should provide programs within a broad spectrum of services including health, social, nutritional, recreational and educational services for the benefit of the elderly. Services of a home support nature may also be organized and delivered by an organization funded under the Act, but funding for these services should be provided under an amended Homemakers and Nurses Services Act (see section 2, The Homemakers and Nurses Service Act).
- 1.2 Certain unique organizations and services presently funded under the Act as centres which do not fit the general category of facility-based services should retain their funding under the Act unless appropriate alternate funding is provided.
- * 1.3 The \$15,000 ceiling on the annual provincial contribution to the net operating expenses of a centre should be eliminated to allow for a full 50% provincial contribution.

- 1.4 A program and budgetary review procedure should be conducted annually by governmental funders for all centres approved under the Act. Government and voluntary funders should develop compatible budgetary review procedures for all centres.
- 1.5 The cost-sharing formulae for operating and capital budgets presently in effect should be maintained for approved centres, provided the \$15,000 provincial ceiling on operating subsidies is eliminated.
- 1.6 Special Grants (commonly referred to as Special Program Grants) should continue to be used to support those services facilities or research for elderly persons for which grants by Ontario are not otherwise payable under the Act. Special Grants should not be used to support services for which alternate funding is available.
- 1.7 The \$15,000 ceiling on Special Grants should be eliminated and the amount of each grant should be negotiated on an individual basis.
- 1.8 Appropriate standards and service priorities for the centres funded under the Act should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

2. The Homemakers and Nurses Services Act

- 2.1 The present services under The Homemakers and Nurses Services Act (visiting homemakers and nurses and related training programs) should be retained.
- * 2.2 The Regulations under the Act should be amended to allow for the funding of additional home support services. The specific services that should be added to The Homemakers and

Nurses Services Act are various home help services (cleaning, minor home repair, odd jobs, seasonal help); meals on wheels; other volunteer programs such as transportation and escort to shopping or other locations, friendly visiting and telephone reassurance; assessment and referral services associated with home support services; and other programs as deemed necessary by the Province and municipal government to provide effective and efficient home support services in a local community. The various home support services added to the Act should be carefully described with due regard for the widely divergent nature of the services, the role of the volunteer versus paid staff and the appropriate application of user charges.

- 2.3 The additional home support services to be funded under The Homemakers and Nurses Services Act should be available to all individuals presently eligible for service under the Act. These services should be provided following appropriate assessment of the client's need for the service.
- * 2.4 User charges should be established for certain services and should be based on either a modest, universally applied fee (e.g., meals on wheels) or on an easily applied sliding scale (e.g., home help services). Certain other home support services should retain their status as free services and should not be subject to a user charge (e.g., friendly visiting).
- * 2.5 The present means test under the Act should be made less stringent with regard to client contribution for services received.
- 2.6 The present cost-sharing formula under the Act should be retained (i.e., 80% provincial, 20% municipal).

- 2.7 Appropriate standards and service priorities for various home support services should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

3. Day Care for the Elderly

- * 3.1 The provincial government should seek immediate consultation on the best legislative framework and funding (capital and operating) for the provision of day care for the elderly. In the interim, day care for the elderly should continue to be provided by organizations under various funding arrangements.
- 3.2 Clients of day care services should be charged a fee for attendance at a day care program based on a fair and reasonable test of the individual's ability to pay.
- 3.3 Funding for day care should include adequate provision for necessary ancillary services such as assessment, counselling and transportation of clients to and from the program.
- 3.4 Appropriate standards for day care for the elderly should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

* 4. General Recommendation

The Ministry of Community and Social Services should pursue immediate consultation on the recommendations in this report relevant to the Ministries of Health, Housing, Culture and Recreation, other municipal governments, service providers, provincial associations, other major funders and other interested parties.

II. Background

A. Description of Elderly Persons Centres

1. Services Offered by Centres

Elderly persons centres (EPC's) are nonprofit or municipally operated organizations regulated under The Elderly Persons Centres Act. A centre is defined in the Act as "all or any part of a building or buildings maintained or operated to provide social, recreational and other services for elderly persons." There are presently 119 centres in Ontario, 48 of which are located in Metro Toronto.

The centres provide a wide variety of programs and services to senior citizens both in a physical facility and in the individual's home. Examples of various social, educational, health and recreational programs offered in a physical facility are the following: arts and crafts, continuing education, cards, fitness, music and dancing, noon meals, various clinics, drop-in centres and special camps. Examples of services delivered to the home include "home help" services (cleaning, minor repairs, odd job and chore services, seasonal help), meals on wheels, transportation and escort to shopping and other locations, friendly visiting and telephone reassurance. In addition, a number of unique organizations serving the elderly receive funding as approved centres under the Act. Examples are a coordinating organization, a senior citizen volunteer placement agency or a specialized group transportation service. An approved centre may also apply under the Act for a special grant for "services, facilities or research for elderly persons for which grants by Ontario are not otherwise payable" under the Act.

A "centre" may be thus a physical facility, as suggested by the title of the Act; or may be an organization providing services to the elderly outside a facility setting; or a special or unique service for the elderly; or various combinations of the above. The centres also vary in the number of paid professional

staff and volunteers, depending on local needs and conditions. The overall goal of the centres is to provide programs and services which will help the senior citizen to enrich his life in the community and to avoid personal hardship or inappropriate institutionalization.

2. Funding of Centres

The centres receive financial support from a variety of governmental and nongovernmental funders and from individual senior citizens through membership dues and fees for services rendered. The Elderly Persons Centres Act and Regulations spell out the relative proportions available from these sources for both capital and operating costs:

TABLE #1 Present Cost-Sharing of Both Operating and Capital Expenditures of Elderly Persons Centres as Prescribed by the Act and its Regulations.

Source	Operating	Capital
Private and Voluntary Contributions	30% or more	50%
Provincial Subsidy	50% up to a maximum of \$15,000 per year	30%
Municipal Subsidy	At least 20%	20%

Additional Notes to Table #1

- Both the Provincial and Municipal subsidies for operating costs are calculated on the basis of "net" expenditures. This has been interpreted by Metro and the Province as the remaining costs after all fees and payments for service have been deducted and all special program grants and other designated grants have been excluded.
- Operating expenditures include such things as salaries, office costs, maintenance, and related program and service costs.
- Capital expenditures are described by the Act as the "erection, alteration, extension, renovation, acquisition, or the furnishing and equipping of a centre"
- Following an amendment to the Municipality of Metropolitan Toronto Act (Section 161(a)) in 1974, The Metropolitan Corporation has assumed the responsibility for the operating provisions (with one exception). The local municipalities in Metro have continued to assume the responsibility for any capital requests.

B. The Homemakers and Nurses Services Act

The Homemakers and Nurses Services Act provides standards and funding for visiting homemakers and nurses and for related training programs. These services are available to anyone with a demonstrated need for service as assessed by either municipal or agency staff. The majority of clients tend to be elderly,

but service is also extended to the handicapped, the convalescent and other individuals. Clients pay for the service based on a means test (i.e., examination of income and assets). Funding for the gross cost for a unit of service is based on a negotiated purchase of service contract with a municipal government from which a client's monthly available income is deducted (as per the means test). The municipality in turn recovers 80% of its cost from the provincial government.

The services under the Homemakers and Nurses Services Act are available to individuals of any age. These services differ from the services under the Elderly Persons Centres Act which are generally available only to individuals over age 60. In addition, only visiting homemakers, who are restricted in the kinds of services performed, and visiting nurses are provided under the Homemakers and Nurses Services Act.

A number of organizations receiving funds under the Elderly Persons Centres Act also enter into purchase of service contracts under the Homemakers and Nurses Services Act. It should also be noted that both Acts are under the provincial Ministry of Community and Social Services.

C. Day Care for the Elderly

A few elderly persons centres are offering a sophisticated, higher level of care to less able senior citizens which is commonly referred to as day care for the elderly. In addition, a number of residential care facilities for the elderly have been identified as offering day care services for non-residents.

Many of the clients of day care services require a greater level of care and professional assistance due to physical or psychological debilitation. Within the total day care program, the senior citizen may be provided with services such as nutrition, activation, rehabilitation, recreation, counselling and assistance with other personal needs such as bathing, hairdressing and podiatry. Essentially the day care program is

designed to provide for those activities of daily living that the senior citizen is no longer able to accomplish without assistance. The senior citizens in day care still reside at home and do not need the full time, live in status of a home for the aged resident. Due to the intensive care required, the staffing and other costs associated with this care are relatively high.

III. Issues and Problems

This chapter describes the recent issues and problems with respect to elderly persons centres, services under the Homemakers and Nurses Services Act and day care for the elderly. The Provincial-Metro Toronto Task Force feels that these concerns in many cases apply to other regions of Ontario or will become relevant as the proportion of people over 65 grows in the future. In addition, a number of the issues have a significant effect on the handicapped and other non-elderly individuals across the Province.

A. Appropriate Legislation, Funding Mechanisms and Standards for Various Services

The Task Force has studied the various services offered under the Elderly Persons Centres Act and the Homemakers and Nurses Services Act. The Elderly Persons Centres Act was originally intended as a means by which programs of a largely social and recreational nature within a physical facility could be funded. In addition to these services, however, a number of organizations are delivering services to senior citizens at home, both by paid staff (e.g., home help) and volunteers (e.g., meals on wheels). There are also valuable organizations receiving funding under the Elderly Persons Centres Act which cut across clear distinctions between services delivered in a facility and services delivered in the home. These developments are admirable and will help attain the often stated goals of assisting the elderly in the community and preventing inappropriate institutionalization.

The services under the Homemakers and Nurses Services Act complement the above services but are restricted to only two kinds of service (homemakers and nurses services). On the other hand, these services are offered to the non-elderly as well as the elderly population. In addition, a number of

agencies and clients have contended that the means test presently in use is overly taxing on individual financial resources and discourages utilization of the services.

The central issue before the Task Force is the need for appropriate legislation, funding mechanisms and standards for different types of services for the elderly. We are also very interested in how these services may benefit the handicapped and other individuals. It is the Task Force's contention that a logical grouping of services under existing legislation, coupled with other amendments to the Acts, will provide an improved framework for the delivery of these essential services.

It is also important for the three major funders in this field (the Province, municipal government and the voluntary sector) to coordinate their respective priorities and to simplify procedures required of funded organizations.

B. Effect of a Provincial Ceiling on Cost-Sharing Under the Elderly Persons Centres Act

One of the most pressing concerns in Metro Toronto is the growing imbalance in the relative provincial/Metro Toronto/voluntary funder contributions to the net operating costs of elderly persons centres due to the existence of a unilateral ceiling on the provincial contribution. This issue, though a part of an overall concern for appropriate funding mechanisms, requires separate treatment. The provincial contribution is based on 50% of the net operating expenditures up to a maximum of \$15,000 per year per centre. The Municipality of Metropolitan Toronto in turn contributes 20% of the net operating expenditures without a fixed ceiling. The voluntary or private funding must therefore account for the remaining costs which often exceed 30%.

The provincial ceiling affects the relative contributions to any centre with a net operating budget over \$30,000 per year, since the provincial share would be frozen at \$15,000 regardless

of the size of the budget. At the writing of this report, 35 of the 48 centres in Metro Toronto are affected by the provincial ceiling and in a number of instances the Metro and/or voluntary funder contributions exceed the Province's share, exclusive of Special Program Grants.

The centres, in order to obtain additional provincial monies, have sought Special Program Grants. These grants are 100% provincial funds and are limited to \$15,000 per centre per year. In the 1978 fiscal year (April, 1978 - March, 1979), the Province allocated \$369,535 under this special grants category. As well, centres have relied quite heavily on the United Community Fund, Federal New Horizons, Canada Works and Young Canada Works Programs and on fees and donations from clients or members.

The effects of the provincial ceiling are an imbalance in cost-sharing arrangements, a fragmentation of the development of centre programs and a great amount of centre administrative time spent seeking grants.

C. Day Care Services for the Elderly

The issues surrounding day care could as well have been subsumed under the general issue of appropriate legislation, funding mechanisms and standards for various services. The Task Force feels, however, that since day care services are not presently described in any existing legislation, a separate treatment is warranted in this section of the report. We are also particularly interested in day care becoming an important link in the continuum of services for the elderly. It is anticipated that with the advances in geriatric medicine and the increasing lifespan of the elderly that the need for a higher level of care for the less able elderly not residing in institutions will become increasingly important in the future.

Day care is presently provided without a legislative framework or standards of service and with a variety of funding mechanisms. The Task Force views day care as an emerging service which would be best handled by careful planning at this early stage of development. The Task Force is also concerned that funding for day care should include adequate provision for necessary ancillary services associated with the efficient and effective operation of the day care program.

IV. Discussion and Recommendations

As an introduction to the recommendations and discussion which follow, the Task Force would like to present a brief overview of its approach and to highlight the conceptual model of services selected for the recommendations.

First, it should be noted that the Task Force has developed its recommendations within the framework of existing legislation as opposed to presenting recommendations for "new" pieces of legislation. Furthermore, the recommended changes are purposefully restricted to amendments to the Regulations of the Acts as opposed to the Act itself. The reason for this approach is to allow the provincial government to act relatively quickly on the recommendations while studying the need for more substantial legislative change. We recognize the value in the alternate method of proposing more sweeping legislative change. The Task Force views many of its recommendations as interim steps toward the development of improved legislation and policy in this area.

Secondly, the Task Force has developed its recommendations based on a conceptual model of services. This model is essentially a grouping or categorization of services determined by the point of contact between the service recipient and the service provider. Our categorization of services is drawn largely from practical knowledge of the field and is also reflective of some of the professional literature (see, for example, Sheldon P. Tobin et al., Effective Social Services for Older Americans, Institute of Gerontology of the University of Michigan and Wayne State University, 1976, p.57). Strict categories of services are difficult to create, however, given the fact that services exist on a continuum of care for the essentially independent individual through various states of dependence to full nursing care. (See Appendix for other possible categorizations.)

The Task Force feels that some attempt at grouping services is needed to allow for proper cost-sharing and the development of priorities for government, private voluntary and individual financial resources. The following categories have been selected by the Task Force and form the essential philosophical basis of the recommendations in this report:

1. Facility-based (i.e., an individual goes to a facility in the community for a wide variety of programs or services).

Examples are various social, educational and recreational programs (arts and crafts, continuing education, cards, fitness, music and dancing, etc.), congregate dining, clinics (health, help with income tax forms, etc.), drop-in centres and special camps.

2. Home support (i.e., service is delivered to an individual in his or her home or apartment).

Examples are visiting homemakers and nurses, other home help services (cleaning, minor repairs, odd job and chore services, seasonal help), meals on wheels, volunteer transportation and escort to shopping and other locations, friendly visiting and telephone reassurance.

3. Day care for the elderly

A specialized service for the less able elderly where a variety of social, recreational, health and personal care and supervision services are offered.

4. Other services (i.e., special or unique organizations or services which do not fit the three more general categories above).

Examples are local coordination organizations, senior citizen volunteer placement agencies and very specialized transportation services.

With these introductory remarks in mind, the Task Force would like to present its final recommendations with comments. Recommendations preceded by an asterisk (*) are considered a high priority for immediate implementation following additional consultation outside Metropolitan Toronto. All recommendations should be implemented with proper phasing to avoid the disruption of ongoing programs and services. Careful planning and continuous evaluation will be required.

1. The Elderly Persons Centres Act

- * 1.1 The Elderly Persons Centres Act should continue to provide funding for facility-based services for the elderly. The approved facilities under the Act should provide programs within a broad spectrum of services including health, social, nutrition, recreational and educational services for the benefit of the elderly. Services of a home support nature may also be organized and delivered by an organization under the Act, but funding for these services should be provided under an amended Homemakers and Nurses Services Act (see section 2, The Homemakers and Nurses Services Act).

The purpose of the Elderly Persons Centres Act should be to provide funding for the provision, development and coordination of a wide variety of facility-based services and programs for the elderly. This trend is apparent in many centres presently and should be fostered and encouraged by government and voluntary funders under this legislation. It is also inherent in the "multi-purpose" centre concept articulated by many organizations in Ontario and other jurisdictions. (See, for example, National Council of Senior Citizens, Legislative Approaches to the Problems of the Elderly: A Handbook of Model State Statutes, U.S. National Technical Information Services, 1971.)

The major change being proposed by the Task Force centres around appropriate funding for certain services presently funded under the EPC Act. It is the recommendation of the Task Force that services of a "home support" nature (i.e., various services delivered to homebound or semi-dependent individuals in their own homes or apartments) presently receiving EPC funding should be transferred to an amended Homemakers and Nurses Services Act. The purpose of this shift is to provide better funding for these critical in-home services. The Task Force also expects that this change will provide a more coherent framework for the future development of these services

The Task Force hastens to emphasize that this change is not meant to prohibit an organization from providing programs and services under both Acts. It is also not intended to downplay the valuable role of facility-based services providing on site services and programs or the importance of other valuable initiatives by various groups. The intention is to create a proper legislative and funding framework for certain services which are essential to the goal of helping both the elderly and other individuals in the community remain in their own homes and avoid inappropriate institutional care.

The specific home support services to be transferred to an amended Homemakers and Nurses Services Act would be the following:

1. "Home help" or chore services, cleaning, seasonal assistance, minor home repair.
2. Meals on wheels.
3. Volunteer programs such as escort and transportation services to shopping, banks and doctors appointments, friendly visiting and telephone reassurance.
4. Assessment, referral and outreach related to the provision of home support services.

In each case, appropriate standards and funding would be applied with a great sensitivity for both the needs of clients and the primary role of the volunteer in many of the agencies providing service (See Section 2, The Homemakers and Nurses Services Act, for further detail.)

The programs and services to remain under the Elderly Persons Centres Act should be retained under the two general categories presently outlined in the Act:

a. Approved Elderly Persons Centres

Approved facilities in this category should provide services and programs within a range of services including health, social, recreational, nutritional and educational programs for the elderly. The essential characteristic of these facilities would be their function in the community as a place where seniors may come to receive certain services and participate in various activities.

Facilities operated under this section of the Act should share certain basic objectives:

1. The first objective of all centres should be to alleviate personal hardships experienced by their members. This objective can be realized through programs or services provided directly by the centre itself or by referral to appropriate services available elsewhere (e.g., various clinics, counselling).
2. The second objective of the centres should be the enrichment of the daily lives of its members. This goal may be met through various social, recreational and educational activities and opportunities to assist others (e.g., arts and crafts, fitness programs, continuing education).
3. The third objective of the centres should be to strive generally to be a resource to the public on the problems on aging and the elderly. This objective would require

each centre to establish close contact with local community groups and other organizations (e.g., student placements, liaison with local nursing homes, schools).

The Task Force wishes to reiterate that, in keeping with the multi-purpose centre concept, an approved centre may offer a range of home support and other services under other legislation provided the centre meets the standards and requirements of the other Act(s). This trend is apparent in many centres presently and should be encouraged in the interests of improved coordination of all services to the elderly. The mechanisms for funding these other services will be covered in the section on the Homemakers and Nurses Services Act below, but essentially a centre will be eligible to receive funding from a number of sources provided there is a need for the service in the community and the centre can meet the appropriate standards under legislation.

b. Special Grants

Special Grants (commonly referred to as Special Program Grants) are "direct payment of grants in accordance with the regulations in respect of the cost of those services, facilities or research for elderly persons for which grants by Ontario are not otherwise payable under this Act". These grants are limited to \$15,000 per year for any approved centre. There is no cost-sharing requirement with municipalities for these grants.

Special Program Grants will be reviewed under Recommendations 1.6 and 1.7.

- 1.2 Certain unique organizations and services presently funded under the Act as centres which do not fit the general category of facility-based services should retain their funding under the Act unless appropriate alternative funding is provided.

The Task Force recognizes that any attempt at creating strict categories of services will be difficult given the unique or special nature of certain services or organizations serving the elderly community. A few services presently funded under the Elderly Persons Centres Act do not fit into the "facility-based" service concept we have proposed (see page 17).

The Task Force does not wish to transfer these particular services from the Elderly Persons Centres Act due to the lack of appropriate alternative fundings sources for provincial-municipal cost-sharing. Unless other legislation is structured to accommodate these or other unique services¹, the Task Force recommends that these organizations retain their status under the Act.

- * 1.3 The \$15,000 ceiling on the annual provincial contribution to the net operating expenses of a centre should be eliminated to allow for a full 50% provincial contribution.

In light of Recommendation 1.1 above, we recommend the elimination of the ceiling placed on the provincial contribution. The limit is not an appropriate means of cost control, causes hardship at some of the larger centres and has led to an imbalance in provincial-municipal and voluntary cost-sharing. We feel that the transfer of the more costly home support services to other legislation and the implementation of effective program and budgetary review (see Recommendation 1.4) will provide an improved means of cost control.

¹Compare the multifaceted nature of the U.S. Older Americans Act. See U.S. House of Representatives, Select Committee on Aging, Older Americans Act: A Summary, 1976.

- 1.4 A program and budgetary review procedure should be conducted annually by governmental funders for all centres approved under the Act. Government and voluntary funders should develop compatible budgetary review procedures for all centres.

Elderly persons centres should be required to provide a detailed description of programs offered and the staff and other costs associated with each separate program. Examples of this procedure are the functional budgeting and accounting already required of many centres funded by the United Community Fund and the provincial program/budgetary review of Children's Aid Societies and the Vocational Rehabilitation Workshops. The purpose of this requirement is to increase the program and fiscal accountability of the centres for the expenditure of public dollars.

The Task Force also recommends that the major funders of centres (the Province, municipalities and private voluntary funders) develop compatible budgetary procedures to reduce the amount of centre staff time required in seeking grants. It is expected that the implementation of compatible procedures will result in a more efficient use of centre staff time for program administration and direct service to clients.

- 1.5 The cost-sharing formulae for operating and capital budgets presently in effect should be maintained for approved centres, provided the \$15,000 provincial ceiling on operating subsidies is eliminated.

We can see no reason to alter the basic grant structure articulated in the Elderly Persons Centres Act (see Table 1 in Chapter II above). Each funder has an interest in promoting facility-based services for seniors. The other changes and limitations we are suggesting for the Act will allow for a full 50% provincial contribution to operating expenses.

A number of agencies, in response to the First Report of this Task Force, have recommended a different cost-sharing formula under the Elderly Persons Centres Act. These agencies feel that the nongovernment contribution should be reduced to 20% from the present 30% or more, thereby increasing the combined provincial and municipal share to 80% from the present 70% or less. The Task Force has considered this alternative but does not feel it is warranted, given our other recommendations to eliminate the ceiling on the provincial share and the transfer of the more expensive, labour intensive home support services to an expanded Homemakers and Nurses Services Act. The reduction in the voluntary percentage also does not seem realistic given the fiscal constraint at both levels of government. The Task Force wishes therefore to maintain the existing financial partnership between government and private funders with respect to these services.

- 1.6 Special Grants (commonly referred to as Special Program Grants) should continue to be used to support those services, facilities or research for elderly persons for which grants by Ontario are not otherwise payable under the Act. Special Grants should not be used to support services for which alternate funding is available.

Special Grants are "direct payment of grants in accordance with the regulations in respect of the cost of those services, facilities or research for elderly persons for which grants by Ontario are not otherwise payable under this Act."

These special grants, by virtue of their 100% provincial funding, should be used primarily to stimulate research, demonstration projects or other services as deemed necessary by the Minister for which ongoing provincial/municipal/voluntary cost-sharing is not appropriate. The removal of the \$15,000 ceiling on the provincial portion of the core operating budget of the centres should reduce reliance on this form of funding by centres as a supplement to the operating budget.

- 1.7 The \$15,000 ceiling on Special Grants should be eliminated and the amount of each grant should be negotiated on an individual basis.

As in the case of the core operating budgets of centres, a fixed ceiling on a grant is not viewed by the Task Force as an appropriate means of cost control. It is recommended that each Special Grant application be reviewed on an individual basis. Decisions should be made by the Province on the demonstrated need for financial support not otherwise available under the Act or through other sources.

- 1.8 Appropriate standards and service priorities for the centres funded under the Act should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

The Task Force will not be making specific recommendations for standards and service priorities for centres at this time. It is the opinion of the Task Force that this process is a future task requiring considerable consultation with municipalities outside Metro Toronto, service providers, provincial associations and other interested parties. Based on our experience in Metro Toronto, we would suggest that standards of service be explored in such areas as assessment, programming, outreach, the involvement of volunteers and centre management². With regard to service priorities, the Task Force suggests that local needs and conditions should determine priorities within the context of an equitable geographic distribution of centres. It is also suggested that a certain degree of flexibility be allowed generally for local variation and innovation within any provincial standards or guidelines.

²See, for example, National Council on the Aging, Senior Center Operation, Washington, D.C., 1977.

2. The Homemakers and Nurses Services Act

2.1 The present services under The Homemakers and Nurses Services Act (visiting homemakers and nurses and related training programs) should be retained.

The First Report of this Task Force proposed the creation of a new piece of legislation entitled the "Home Support Services Act." This Act would encompass all homemaker, home help, meals on wheels and other non-medical home support services and related programs from The Homemakers and Nurses Services Act, the Elderly Persons Centres Act, and the Ministry of Health's Home Care Program. Secondly, the Task Force recommended that visiting nurses services from the Homemakers and Nurses Services Act should be examined with a view towards transferring these services to the Home Care Program under the Ministry of Health. Finally, the Task Force recommended the repeal of the existing Homemakers and Nurses Services Act should the above recommendations be accepted.

The Task Force received written comments and other input which suggests the following conclusions:

1. Our lack of representation on the Task Force from the Ministry of Health makes recommendation on health issues inappropriate.
2. Changes to the existing Homemakers and Nurses Services Act may be the more expedient and logical method of improving the legislative and funding framework for home support services for the elderly and other individuals in our society.

In view of these constructive criticisms, the Task Force would like to recommend certain amendments to the Regulations of the existing Homemakers and Nurses Services Act as opposed to the broader recommendations cited above. The purpose of the present

recommendations is to expand the types of services funded under this Act while retaining the array of services presently funded under the Act and under the Ministry of Health.

The remainder of the recommendations in this section will therefore relate solely to specific changes in the Homemakers and Nurses Services Act. Changes with regard to Ministry of Health Home Care Program and the original proposal with regard to the transfer of visiting nurses services should be examined by the Province, the municipalities and the service providers in consultation with the provincial Ministry of Health.

Similarly, the Task Force does not feel it can make recommendations with regard to homemakers services under the Ministry of Health's Home Care Program at this time.

- * 2.2 The Regulations under the Act should be amended to allow for the funding of additional home support service. The specific services that should be added to The Homemakers and Nurses Services Act are various home help services (cleaning, minor home repair, odd jobs, seasonal help); meals on wheels; other volunteer programs such as transportation and escort to shopping or other locations, friendly visiting and telephone reassurance; assessment and referral services associated with home support services; and other programs as deemed necessary by the Province and municipal government to provide effective and efficient home support services in a local community. The various home support services added to the Act should be carefully described with due regard for the widely divergent nature of the services, the role of the volunteer versus paid staff and the appropriate application of user charges.

The purpose of expanding the Act is to provide better funding for other essential home support services in addition to existing homemaker and nurses services. The importance of

all these services to maintaining individuals in the community and thereby avoiding personal hardship or inappropriate institutional care is well documented (see, for example, U.S. Senate, Select Committee on Nutrition, The Homebound Elderly: The Need for a National Meals-on-Wheels Program, Washington, D.C., 1976.)

Grouping these services together under one Act is difficult, however, considering the widely divergent service delivery mechanisms, use of paid staff versus volunteers and the appropriate application of a user charges for certain types of service. We must also bear in mind the competing demands for flexibility in the organization and delivery of these services versus the need for accountability to funders and the public for adequate levels of service in each community.

The Task Force feels, therefore, that great sensitivity to the needs of all parties concerned is critical to the amendment process. The overall goal, of course, should be to meet the needs of the client through appropriate services and a fair distribution of the costs among public and private funders and the individual.

The general mechanism for government funding will be the "purchase of service" arrangement presently used for homemakers and nurses services under the Act. The concept of purchase of service will have to be greatly expanded to include contracts with agencies relying heavily or exclusively on volunteer labour for the actual administration and delivery of service to clients. Private voluntary contributions, although not to be explicitly spelled out in the Act, may still be required by service delivery agencies to meet certain budget deficits and to provide assistance in hardship cases.

Each type of service should be given a different treatment as suggested below, following full consultation by government with service delivery organizations:

a. Home help services (cleaning, minor home repair, odd jobs, seasonal help)

These services are largely provided by paid staff. Each municipality should negotiate purchase of service contracts with local agencies on a unit cost basis. The agency should meet certain basic standards as determined by the Province and the municipality in consultation with the service providers. Recipients of service should contribute to the cost of the service based on fair and reasonable test of the individual's ability to pay (see Recommendations 2.4 and 2.5)

b. Meals on Wheels

This service is delivered almost exclusively by volunteers. Recipients of the service pay a flat fee (usually between \$1.75 - 2.25 per meal) and are usually not means tested. Certain agencies, however, will subsidize an individual for all or part of the actual cost of the meal if the individual claims an inability to pay.

The Task Force is sensitive to the need to support and expand the volunteer labour component associated with meals on wheels and other volunteer services. The Task Force therefore recommends that financial support under the Act be made available for administrative and overhead costs associated with volunteer services. Examples would be the salary of a volunteer coordinator in a large agency or for a group of smaller agencies, reasonable expenditures for office overhead and expenditures for gasoline by volunteers using their own vehicles for a meals on wheels program.

One exception was noted in examining eligible items for cost-sharing. With respect to the meals on wheels program, cost-sharing should not be extended to the actual cost of the food itself. All government income maintenance programs make provision for food; thus the sharing of food costs relating to meals on wheels would constitute, in effect, a double food allowance for recipients of the meals on wheels service. Service agencies should be encouraged to continue to set aside a contingency fund of voluntary dollars to provide for food costs where recipients demonstrate that they have no money to pay for such costs.

Each individual would therefore continue to be charged a flat fee per meal set by the service providers. A "means test" should not be required by government but may be applied at the discretion of the service provider.

c. Volunteer Transportation and Escort to Shopping and Other Locations, Friendly Visiting and Telephone Reassurance

A number of agencies have volunteer drivers and escorts who will provide differing levels of service to clients, including door to door assistance and escort around shopping plazas. Voluntary agencies are also providing a valuable outreach service to isolated senior citizens through friendly visiting and telephone reassurance. There is usually no cost to the service recipient for these services.

The voluntary services under this category provide a valuable "linking" service that should be considered a home support service. The Task Force feels that financial support for overhead and other administrative costs of this service, similar to meals on wheels, should be available under the Act. The services of a professional social worker could be shared among a number of small agencies, for example, for volunteer selection, training or coordination for various kinds of services.

d. Assessment and Referral Services Associated with Home Support Services

A number of agencies employ professional staff who assess potential clients for services and also provide referral services.

The Task Force wishes to emphasize the importance of assessment and referral in the provision of home support services. The overall goal is to insure that each client receives the appropriate type and level of service according to individual need. It is also very important to provide periodic reassessment of client need to ascertain appropriate changes in service provision.

Funds should be made available under the Act for assessment either at individual agencies or through a centralized or shared arrangement. Coordination and efficiency among service deliverers should be a primary consideration in purchasing this type of service.

e. Other Services

An important aspect of this expansion of the Act is to allow for the future development of innovative, unique or unusual home support services or ancillary programs. The Task Force feels strongly that creativity and innovation are important aspects of

service delivery and should be fostered under this Act. Monies under the Act should therefore be made available for the discretionary use of the provincial and municipal authorities in the development of improved home support services. Funds should also be made available as "start up" or seed money for the establishment of new or expanded home support services.

- 2.3 The additional home support services to be funded under The Homemakers and Nurses Services Act should be available to all individuals presently eligible for services under the Act. These services should be provided following appropriate assessment of the client's need for the service.

The First Report of this Task Force recommended the creation of a Home Support Services Act and other changes as an outgrowth of its recommendations with regard to the Elderly Persons Centres Act. Although it was not stated explicitly in its First Report, the Task Force fully intended its recommendations to provide improvements in the delivery of various services to populations other than the elderly.

The Task Force wishes to emphasize the importance of providing home support services to all individuals with a need for the service. Although the elderly are a significant portion of the population served under the Homemakers and Nurses Services Act, it is clear that the handicapped, the convalescent and many other individuals require either short or long term assistance in maintenance of the activities of daily living in one's own home or apartment. The alternative is often costly and inappropriate institutional accommodation or personal hardship.

The only qualification inherent in this provision of services is that the individual be assessed and periodically reassessed on the need for the service or services received from an agency or the government. It is not in the best interests of the client to provide or to continue to provide various services when the need is not apparent or where the need should be met through more appropriate means (e.g., referral to other services, family involvement, institutional care).

The Task Force therefore wishes to emphasize its desire to see various home support and other related services made available to all individuals with need for service as determined by appropriate assessment and periodic reassessment.

- * 2.4 User charges should be established for certain services and should be based on either a modest, universally applied fee (e.g., meals on wheels) or on an easily applied sliding scale (e.g., home help services). Certain other home support services should retain their status as free services and should not be subject to a user charge (e.g., friendly visiting

The principle of charging clients for all or part of the cost of the service (a "user charge") is well established and is gaining support from various governmental officials and the general public. The Task Force feels that appropriate user charges should be assessed for certain home support services in view of the limited public and private voluntary dollars available generally for all community services.

The user charge may be either a modest, flat fee, as is the current practice in meals on wheels programs, or may be a fee drawn from an easily applied sliding scale. Certain services, however, should retain their status as free services, since the assessment of a charge for a telephone call or visit by a volunteer would be most inappropriate.

- * 2.5 The present means test under the Act should be made less stringent with regard to client contribution for services received.

The Task Force is concerned that the means test (i.e., a close examination of individual income and assets) to be used for determination of a user charge not be a deterrent to service delivery through overly stringent requirements for client contribution or procedures in the application process. A user charge should be based on a fair and reasonable test of the individual's ability to pay.

The present assessment of a client's ability to pay for all or part of services provided under the Homemakers and Nurses Services Act takes into account the client's assets and "available monthly income". A number of submissions have been made by community organizations to the Ministry of Community and Social Services (e.g., Ontario Homemaker Agencies, December, 1977), expressing dissatisfaction with the present system of assessment of ability to pay, and advocating a liberalization of the means testing process. This Task Force shares the concerns expressed in these submissions, for it is felt that the application of the present system of means testing could jeopardize the willingness of many present and potential service recipients to accept services.

It is therefore recommended that immediate attention be devoted towards the previously mentioned submissions from community organizations with the objective in mind of developing a less restrictive assessment of the client's ability to pay.

2.6. The present cost-sharing formula under the Act should be retained (i.e., 80% provincial, 20% municipal).

It should be stressed at this point that the major burden for cost-sharing in this area will fall on government through the 80% provincial and 20% municipal formula currently in use under the Homemakers and Nurses Services Act after client contributions are considered. Voluntary funders will contribute as well in certain areas (e.g., assisting agencies through general grants or monies earmarked for special purposes) but the primary funding should come from government. The Task Force feels that this area of home support service should be a high priority for government in view of the commitment to supporting community-based services.

The Task Force can see no rationale for altering the basic proportions of the net operating costs shared by the two governments. It is quite difficult to alter existing financial

arrangements without affecting the governments' allocations for other important services. Moreover, the 80/20 cost-sharing on net costs for such labour intensive services as home cleaning and odd job programs seems preferable to the present public-private voluntary funding arrangement under the Elderly Persons Centres Act. It is difficult for community groups to raise the considerable 30% or more voluntary funding portion that such high cost services require.

2.7 Appropriate standards and service priorities for various home support services should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

The Task Force feels that the development of standards and service priorities in the area of home support services is an important correlate of improving the funding base of these services.

As in the section of this report on elderly persons centres, the Task Force will not be making specific recommendations for standards for home support services at this time. It is the feeling of the Task Force that the development of appropriate standards is a future task requiring considerable consultation with municipalities outside Metro Toronto, service providers, provincial associations and other interested parties. Based on our experience in Metro Toronto, however, the Task Force would like to suggest that standards of service be explored in such areas as assessment, paid staff versus volunteers, evaluation of efficiency and effectiveness and organizational management. Service priorities should be largely determined by client need, an equitable geographic distribution of services and effective coordination of service delivery. As in the section on elderly

persons centres, the Task Force also suggests a certain degree of flexibility be allowed for local variation and innovation within any proposed provincial standards or guidelines.

3. Day Care for the Elderly

- * 3.1 The provincial government should seek immediate consultation on the best legislative framework and funding (capital and operating) for the provision of day care for the elderly. In the interim, day care should continue to be provided by organizations under various funding arrangements.

The First Report of this Task Force proposed that amendments be made to the Homes for the Aged and Rest Homes Act and the Charitable Institutions Act for the provision of day care for the elderly not residing in an institution. In addition, the Task Force had recommended that day care could be provided by noninstitutional facilities meeting the proposed legislative and policy standards under the two institutional pieces of legislation.

The response to these recommendations was almost completely supportive. Some individuals questioned the mechanics of placing day care under two Acts with very different cost-sharing formulae.

The Task Force, in its second series of meetings, was unable to reach consensus on the best long term legislative framework for funding day care and developing appropriate standards. The various options considered by the Task Force were the following:

1. Leave day care under the Elderly Persons Centres Act.

Day care is clearly a "facility-based" service, similar to the recommended approach for most of the approved centres

under the Act. In addition, the proposed lifting of the provincial ceilings on both the operating budget and Special Grants would remove the main financial barriers to the full development of a day care program under the Elderly Persons Centres Act. A day care program could be approved under the Elderly Persons Centres Act for both an institutional and noninstitutional setting.

2. Amend the Homes for the Aged and Rest Homes Act and the Charitable Institutional Act to provide for day care.

This proposal is the recommendation of the First Report of the Task Force. Day care, both in terms of the client population served and the very nature of the level of care, more closely resembles institutional care than community programs for the independent elderly. It could be seen as an adjunct to institutional care or analogous to day hospital services. The two Acts, however, would have differing funding formulae for the same service. The funding under the Homes for the Aged and Rest Homes Act is 70% provincial/30% municipal for operating deficits. The funding under the Charitable Institutions Act is 80% provincial and 20% from the charitable corporation up to a provincially established ceiling. Actual costs often exceed the ceiling, requiring additional funding from the voluntary providers.

A variation on this option is to amend solely the Regulations of the Homes for the Aged and Rest Homes Act to allow municipal homes for the aged to provide these services directly. In addition, the amendments should allow the municipalities to purchase these services from charitable corporations or other approved organizations. Amendments to the legislation that provide for day care should result in the costs of these services being separated from the other operating costs of the home. This separation should insure that the costs of day care services would not be reflected in the per diem fees for residents.

3. Amend the Homemakers and Nurses Services Act to provide for day care under purchase of service contracts.

Day care is provided to individuals who are living in their own homes or apartments. The objective of day care service is similar to that of home support services, as individuals receive necessary assistance in a facility during the day that allows them to maintain a private residence in the community. Also, due to the labour intensive nature of the service, this option would provide a more appropriate funding mechanism.

The general understanding of other services presently under this Act or proposed in this Report, however, may be seen as not compatible with the actual nature of day care in a facility setting.

4. Create new legislation for day care for the elderly.

A further option is to create a separate piece of legislation establishing standards and funding for day care for the elderly. It may be possible under new legislation to extend the lower age limit of the individuals served to make day care available to all individuals in need, regardless of age.

The Task Force feels that further study should be directed to these options. The provincial government should seek immediate consultation on the best legislative framework and funding (capital and operating) for the provision of day care for the elderly. In the interim, day care should continue to be provided by organizations under various funding arrangements.

It is necessary, of course, to define the term day care for the purposes of drafting or amending legislation. One interpretation of day care that may be of assistance with

this task is that offered by the National Council on the Aging Inc., Washington, D.C., in its publication entitled "Developing Day Care for Older People":

"This is primarily a social program for the frail, moderately handicapped, or slightly confused older person who needs care during the day for some part of the week - either because he lives alone and cannot manage altogether on his own or, by sharing some of the responsibility for his care, to relieve his family and thereby help them to keep him at home. No time limit for duration of attendance is set. A participant may continue in the program as long as he or his family wishes and as long as no health risk is involved.

The day care center program should ensure a pleasant and safe environment, supervision, activities, rest periods, and at least one nutritious meal daily. Although not providing health services as such, at a minimum, staff should have first aid training and explicit arrangements should be made with physician and hospital in case of accidents or medical emergencies". (p.6)

Other similar interpretations of day care were noted in the report by the Senior Citizens Department, the Regional Municipality of Niagara, entitled "A Study of Day Care for Senior Citizens". Such definitions demonstrate that day care is a distinct element of service on the continuum of care for the elderly, situated between (1) facility-based/home support services and (2) institutional accommodation.

The remainder of the recommendations in this section are general principles that should be applied to day care for the elderly, regardless of the legislative framework eventually developed.

3.2 Clients of day care services should be charged a fee for attendance at a day care program based on a fair and reasonable test of the individual's ability to pay.

The Task Force feels that the same principles regarding user charges and means testing enunciated in the section of this report on home support services should apply to clients of day care service.

2. Funding for day care should include adequate provision for necessary ancillary services such as assessment, counselling and transportation of clients to and from the program.

Responses to the day care proposals in the First Report of this Task Force included comments on the flexibility of funding for day care. Many of the individuals, for example, who would most benefit from day care are least able to employ private vehicles, public transportation or available para-transit systems (e.g., Wheel-Trans). The Task Force would therefore like to express concurrence with the suggestion that funding be made available for those ancillary services which are necessary for the efficient and effective operation of a day care program.

- 3.4 Appropriate standards for day care for the elderly should be established by the Province in consultation with municipal governments, service providers, provincial associations and other interested parties.

As in the previous two sections of this report, the Task Force will not be making specific recommendations on standards. It is felt that the development of appropriate standards is a future task requiring considerable consultation with municipalities in addition to Metro Toronto, service providers, provincial associations and other interested parties. Certain key areas should be explored, such as staffing, assessment and evaluation. The Task Force is also concerned that a certain degree of flexibility be allowed for local variation and innovation.

* 4. General Recommendation

The Ministry of Community and Social Services should pursue immediate consultation on the recommendations in this report relevant to the Ministries of Health, Housing, and Culture and Recreation, other municipal governments, service providers, provincial associations, other major funders and other interested parties.

The Task Force is confident that the preceding recommendations will yield significant improvements in the organization, funding and delivery of the various services under consideration. The recommendations are based on much research, consultation in the community and practical experience.

The Task Force, however, has always kept in mind its Metro Toronto focus and certain limitations in its representativeness. Although every effort has been made to broaden our perspective to consider other points of view, the basic focus on Metro Toronto and on the Ministry of Community and Social Services has remained at the core of our work.

In view of the obvious impact of our recommendations on areas outside Metro Toronto and the interrelationship of the programs of a number of Ministries, we view our Final Report as a major initiative requiring immediate consultation with other concerned individuals, organizations and government departments. Consultation with other municipal governments, for example, is extremely important given the fact that while elderly persons centres are largely private, nonprofit in Metro Toronto, there are 26 municipally operated centres elsewhere in Ontario as compared to only one in Metro Toronto. Similarly, consultation with the Ministry of Health is most critical in view of the existing Home Care Program and other Health initiatives serving similar individuals in the Province.

This consultation process should be pursued most vigorously by the Ministry of Community and Social Services, as the Task Force sees its recommendations as a very high priority for implementation.

V. Cost Implications

The preceding recommendations will have financial implications for the provincial and municipal governments and the private voluntary funders providing financial support for the various organizations and services covered in this report. The Task Force would like to indicate the approximate magnitude of these cost implications for the next provincial fiscal year (April, 1980 - March, 1981). It should be stressed that the actual dollar figures given are approximations only. The calculations may also underestimate the full impact of the recommendations in this report due to certain unknown factors which are cited below.

The estimates shown on Tables 2, 3 and 4 are based on the following recommendations and assumptions:³

1. All figures refer to the entire Province.
2. Calculations are presented for services and programs under the Elderly Persons Centres Act and the Homemakers and Nurses Services Act only. Demonstration projects under Alternatives to Institutional Care and Community Youth Experience under the Ministry of Community and Social Services are not included.
3. The present cost-sharing formulae under both the Elderly Persons Centres Act and the Homemakers and Nurses Services Act are assumed to be the same for 1980-81, as per Recommendations 1.5 and 2.6.
4. For programs and services under the Elderly Persons Centres Act, the projection for 1980-81 is based on the estimated expenditures for the 1979-80 fiscal year given in the First Report of the Task Force. A 10% combined

³ Source for all financial data and percentage increase estimates is the Ministry of Community and Social Services. Cost projections prepared by Mr. K. D. Wong, Regional Manager, Finance and Administration, Central Region, Adult Services Division, Ministry of Community and Social Services.

inflation and service volume increase is assumed for 1980-81 for both operating budgets and Special Grants.

5. For programs and services funded under the Homemakers and Nurses Services Act, the projection for 1980-81 is based on the estimated expenditures for the 1979-80 fiscal year presently available. A 6% cost increase and 5% service volume increase are assumed for 1980-81.
6. As per Recommendations 1.1, 1.2 and 3.1, facility-based services, day care and certain unique services are retained under the Elderly Persons Centres Act for the 1980-81 projections shown on Table #2. As per Recommendation 2.2, services of a home support nature were transferred to the Homemakers and Nurses Services Act for the same projection. The actual amount of the transfer is an approximation of the portion of centre budgets allocated for home support services, as determined by an analysis of available information at the Ministry. As per Recommendation 2.1, present programs and services under the Homemakers and Nurses Services Act (homemakers, nurses and teaching grants) are retained under the Act.
7. It is recognized that the proposed transfer of home support services from the Elderly Persons Centres Act to the Homemakers and Nurses Services Act (Recommendation 2.2) may create increased demand for service from the non-elderly population who would also be eligible for these services under the latter Act. The expected increased demand is unknown, however, and is not included in the projections.
8. The full effect of the recommended removal of the ceilings on provincial allocations for both operating budgets and Special Grants for elderly persons centres is difficult

to predict beyond the approximate 10% increase cited earlier. The effect of the removal of the ceilings is further complicated by the proposed transfer of home support services.

9. The Task Force has recommended that the present means test under the Homemakers and Nurses Services Act be made less stringent (Recommendation 2.5) which may increase government costs and service demand. The Task Force has not made specific recommendations with regard to the means testing procedure, however, and consequently increased costs associated with this recommendation are not included in the projections.
10. Costs for day care services for the elderly will not be immediately affected by the Task Force recommendations. The same 10% increase applied to other programs under the Elderly Persons Centres Act (see number 4 above) has been applied to day care costs for 1980-81.

In summary, the figures presented below reflect only the shifts in cost-sharing and the increases in costs and service demands that can be reliably predicted. The figures are presented to show a comparison among costs shared by the Province, the municipalities and the voluntary sector under the proposed approach versus present arrangements. Table #2 shows the projected expenditures for 1980-81 under the proposed arrangement recommended in this report. Table #3 shows the projected expenditures for 1980-81 under the present arrangement. Table #4 is a summary comparison of the cost-sharing the proposed and present arrangements.

TABLE #2: PROJECTED EXPENDITURES FOR 1980-81 AND COST-SHARING
SCHEDULE UNDER THE PROPOSED ARRANGEMENT

LEGISLATION	PROJECTED EXPENDITURE 1980-81	COST-SHARING		
		PROVINCE	MUNICIPALITY	VOLUNTARY
(A) ELDERLY PERSONS CENTRES ACT (EPCA)				
(ALL FIGURES IN THOUSANDS OF DOLLARS)				
(1) OPERATING				
(a) Facility-Based*	6,522.6	3,261.3	1,751.3	1,510.0
(b) Day Care	588.1	294.1	157.8	136.2
(2) SPECIAL PROGRAM GRANTS	406.4	406.4	--	--
(3) CAPITAL	60.0	18.0	12.0	30.0
TOTAL (A)	<u>7,577.1</u>	<u>3,979.8</u>	<u>1,921.1</u>	<u>1,676.2</u>
(B) HOMEMAKERS AND NURSES SERVICES ACT (H & NSA)				
(1) HOME SUPPORT SERVICES				
(a) Homemakers Under H & NSA	8,092.3	6,473.8	1,618.5	--
(b) Services Transferred from EPCA	2,146.1	1,716.9	429.2	--
(2) NURSES SERVICES	1,519.2	1,215.4	303.8	--
(3) TEACHING GRANTS	56.0	56.0	--	--
TOTAL (B)	<u>11,813.6</u>	<u>9,462.1</u>	<u>2,351.5</u>	<u>--</u>
(C) TOTAL FOR EPC AND H & NS ACTS	<u>19,390.7</u>	<u>13,441.9</u>	<u>4,272.6</u>	<u>1,676.2</u>

*Includes certain unique services referred to in Recommendation 1.2.

TABLE #3: PROJECTED EXPENDITURES FOR 1980-81 AND COST-SHARING
SCHEDULE UNDER THE PRESENT ARRANGEMENT

LEGISLATION	PROJECTED EXPENDITURE 1980-81	PROVINCE	COST-SHARING	
			MUNICIPALITY	VOLUNTARY
(A) <u>ELDERLY PERSONS CENTRES ACT (EPCA)</u>	(ALL FIGURES IN THOUSANDS OF DOLLARS)			
(1) OPERATING	9,256.8	2,078.0	3,021.4	4,157.4
(2) SPECIAL PROGRAM GRANTS	406.4	406.4	--	--
(3) CAPITAL	<u>60.0</u>	<u>18.0</u>	<u>12.0</u>	<u>30.0</u>
TOTAL (A)	<u>9,723.2</u>	<u>2,502.4</u>	<u>3,033.4</u>	<u>4,187.4</u>
(B) <u>HOMEMAKERS AND NURSES SERVICES ACT (H & NSA)</u>				
(1) HOMEMAKERS	8,092.3	6,473.8	1,618.5	--
(2) NURSES SERVICES	1,519.2	1,215.4	303.8	--
(3) TEACHING GRANTS	<u>56.0</u>	<u>56.0</u>	<u>--</u>	<u>--</u>
TOTAL (B)	<u>9,667.5</u>	<u>7,745.2</u>	<u>1,922.3</u>	<u>--</u>
(C) TOTAL FOR EPC AND H & NS ACTS	<u>19,390.7</u>	<u>10,247.6</u>	<u>4,955.7</u>	<u>4,187.4</u>

TABLE #4: SUMMARY COMPARISON OF COST-SHARING UNDER PROPOSED AND PRESENT ARRANGEMENTS

	PROJECTED EXPENDITURE 1980-81	PROVINCE	<u>COST-SHARING</u> MUNICIPALITY	VOLUNTARY
(ALL FIGURES IN THOUSANDS OF DOLLARS)				
PROPOSED ARRANGEMENT (Line C, Table #2)	19,390.7	13,441.9	4,272.6	1,676.2
PRESENT ARRANGEMENT (Line C, Table #3)	19,390.7	<u>10,247.6</u>	<u>4,955.7</u>	<u>4,187.4</u>
ADDITIONAL COST		3,194.3		
(SAVINGS)			<u>(683.1)</u>	<u>(2,511.2)</u>

VI. Appendix

Conceptual Models for Service Categorization

The Provincial-Metro Toronto Task Force on the Elderly Persons Centres Act has based its recommendations on a categorization of services for inclusion under appropriate legislation. The model selected by the Task Force is based primarily on a concept of "home support" versus "facility-based" services (see Chapter IV, Recommendations and Discussion). This categorization is derived from practical knowledge of the field and some of the literature on services to the elderly.

The Task Force recognizes that other groupings of services are possible. To this end, the Task Force would like to present a brief summary and analysis of other possible categorizations of services.

The criteria used by the Task Force in the selection of its model are the following:

Mutually Exclusive:

Categories of services are useful only if most or all services fit solely into one category or another. If a particular service fits into more than one category, it is most difficult for funders and service providers to sort out various services and determine priorities. Appropriate grouping of services is particularly important in Ontario, given the different funding formulae under existing legislation.

Supportive of Actual Service Delivery System:

Groupings of services in any model should fit the actual pattern of service organization to facilitate appropriate funding methods, standards and delivery of service. The grouping method should also add a measure of efficiency to the delivery of services and aid responsiveness to changing needs over time.

Degree of Clarity and Understandability:

Any organization of services should be easily understood by concerned citizens, consumers of service, government officials, service providers and other individuals. It is argued that a high degree of clarity and understandability of a concept will improve the chances of general acceptance and implementation.

With these criteria in mind, the Task Force presents its own summary and analysis of three other possible categorizations of service:

1. Primary Maintenance/Social Integration

The only significant challenge to the facility-based/home support services distinction proposed in the First Report of the Task Force was received from the Ad Hoc Committee of Voluntary Agencies. Except for the Ad Hoc Committee of Voluntary Agencies, most respondents were generally satisfied with the Task Force model, provided the definitions were broadened to include certain exceptional programs and services and also specified in greater detail.

The Ad Hoc Committee stated the following:

"It is recommended that the distinction drawn in the Task Force Report between facility-based and home support services be set aside.

It is recommended that Provincial legislation and funding recognize the distinction between services directed to what can be referred to as 'primary maintenance' and programs that are directed to what can be referred to as 'social integration'.

Primary maintenance refers to resources necessary to support people's capacity to maintain physical and psychological functioning in an environment conducive to well-being. Programs which are directed to social integration are programs oriented to alleviating the isolation of the individual through programs and activities which promote contact and affiliation with people, places and resources in the larger community."

The advantage of this model may be its emphasis on primary versus social functioning as opposed to the "home" versus "facility" concept in the Task Force model. It is implicit in the Task Force model, however, that home support services are essentially of a "primary maintenance" nature, while the facility-based services are essentially of a "social integration" nature.

The disadvantages of the Ad Hoc Committee model are its lack of mutually exclusive categories and its reduced clarity and ease of understanding. How does one distinguish between primary maintenance and social integration services? Is a volunteer transportation and escort service primary maintenance (e.g., food shopping, trips to a clinic) or social integration (e.g., ride to a social club meeting)? It would also be most difficult for everyone to understand these rather technical items when compared with the relatively simple locational distinction between home support and facility-based services.

The Task Force, in recognition of the constructive criticism of its first attempt at an adequate model, has broadened and clarified its definitions of terms and categories of services. It is hoped that the alternative model proposed by the Ad Hoc Committee will be seen as essentially similar and quite supportive of the revised Task Force model.

Although the Task Force did not receive other written submissions recommending different categories of services, we would like to review briefly other possible categorizations of services.

2. Individual/group Services

In this model, services are categorized on the basis of their delivery to either an individual or a group of clients. The advantages of this model are its generally mutually exclusive categories and ease of understanding. The disadvantage is its somewhat artificial emphasis on numbers of individuals as opposed to the purpose of the service or relationship to the overall service delivery system.

It should be pointed out that the model selected by the Task Force is actually quite similar to both the primary maintenance/social integration and individual/group models. All three sets of terms may be viewed in the following manner:

Various Models of Services to the Elderly, Handicapped and Other Individuals

Facility-based Social Integration Group	Home Support Primary Maintenance Individual
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In the end result, most services which are facility-based are also social integration or group services. Similarly, most services which would be called home support are also essentially primary maintenance or individual services. Certain services cross boundaries. Counselling, for example, could easily be classified in almost any category, given the broad nature and varying methods of service delivery. Group transportation to essential community services could be considered home support or primary maintenance but is essentially a group service. In general, however, most services would fall in either the left column (e.g., arts and crafts, noon meal, fitness groups) or the right column (e.g., meals on wheels, home help, homemaker). A few services are unique and will probably not fit into any one category.

3. Generic Model

This model is generically based and recognizes that the service needs identified for one group with special needs are quite often the needs of another group. The homebound or handicapped elderly, the non-elderly handicapped and others often require similar services, such as counselling,

transportation and home help. The generic model would provide for funding and service delivery according to the need of the individual or group. The approach is not specific with reference to age or particular disability.

Implementation of this model would be a long term task requiring much further study by government and the service providers.

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